



**THE CITY OF SAN DIEGO
CITY COUNCIL COMMUNITY PROJECT, PROGRAMS AND SERVICES (CPPS)
REQUEST FOR REIMBURSEMENT PAYMENT**

Organization: _____ Request Period: _____
Month - Month/Yr.

Mailing Addr. _____

Phone: _____

Fax: _____ Fiscal Year Ends: **June 30, 2013**

Person Completing Form/Title: _____

****PAYMENT REQUESTED DETAILS: Complete form on the reverse side.****

EXPENSE CLASSIFICATION	CPPS FY 2013 Contract Allocation (A)	CPPS Payments to Date (B)	CPPS Payment Requested (C)
PERSONNEL EXPENSES			
Wages (W)			
Benefits (B)			
Contractual Services (C)			
Personnel Expenses Subtotal	\$ -	\$ -	\$ -
OPERATING EXPENSES			
Facility Expense (Rent, Util's, Etc.) (F)			
Marketing (M)			
Support Materials (S)			
OTHER (Specify) (O)			
Operating Expenses Subtotal	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -

AUTHORIZATION

Under penalty of perjury under the laws of the State of California, I certify and understand that I am responsible for the completeness and accuracy of the information on this Request for Reimbursement form and that all information provided is true to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Phone No. _____

City of San Diego to Complete This Section

Approved: _____ Date: _____

City of San Diego, Originating City Council Office

Approved: _____ Date: _____

City of San Diego, City Council Administration